

SERFF Tracking Number:	PHLX-125919011	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GL AR0037802F01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Entertainment		
Project Name/Number:	Entertainment/GL AR0037802F01		

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Entertainment	SERFF Tr Num: PHLX-125919011	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0037802F01		State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 12/02/2008
	Date Submitted: 11/25/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Entertainment	Status of Filing in Domicile:
Project Number: GL AR0037802F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/02/2008	
State Status Changed: 12/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Philadelphia Indemnity Insurance Company plans to utilize the following Master Declarations Page, Certificate of Insurance and endorsements for the Special Markets Purchasing group, Inc.	

The Master Declarations Page, Certificate of Insurance, endorsements will be available for risks that are members of our Special Markets Purchasing Group, Inc. and will be used in conjunction with currently approved Insurance Services Office forms and endorsements filed on our behalf. General Liability coverage will be provided to the tenant users of school facilities who will conduct special events, sports events, sports leagues and similar services. We intend to use

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TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Entertainment*
Project Name/Number: *Entertainment/GLAR0037802F01*

our currently filed rating applicable under our Tenant Users Liability Insurance Protection filing for this coverage.

A copy of our independent Master Declarations Page, Certificate of Insurance, and endorsements are enclosed for your review. Also attached is a state amendatory.

- 1) Master Policy Declarations - Form # PI-APG-001 (01/07) is the master declarations issued to the Purchasing Group on behalf of its members.
- 2) Certificate of Insurance - Form # PI-APG-002 (01/07) is issued to the insured Named Certificate Holders who are members of the Purchasing Group shown on the Master Policy Declarations.
- 3) Purchasing Group Endorsement - Form # PI-APG-003 (01/07) modifies the preamble of the Commercial General Liability Coverage Form.
- 4) Additional Conditions Endorsement - Form # PI-APG-004 (01/07) provides additional conditions to the Commercial General Liability Coverage Form.
- 5) Damage to Premises Rented to You Limit (Any One Premises) - Form # PI-AM-025 (08/06) increases the limit for this coverage to \$300,000.
- 6) Tenant Users Liability Insurance Protection - Form # PI-TU-001 (12/07) is used to provide bodily injury, property damage, and personal and advertising injury coverage to specific tenant users and vendors listed in the endorsement schedule.
- 7) Additional Insured - Venue - Form # PI-TU-002 (12/07) affords additional insured status to the venue at which the tenant user and/or vendor is conducting the specified event(s).

Company and Contact

Filing Contact Information

Kevin O'Brien, Compliance Analyst II
One Bala Plaza

kobrien@phlyins.com
(315) 488-5098 [Phone]

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Bala Cynwyd, PA 19004 (866) 282-7495[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	11/25/2008	24144856

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/02/2008	12/02/2008

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Disposition

Disposition Date: 12/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125919011 State: Arkansas

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Company Tracking Number: GLAR0037802F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Entertainment

Project Name/Number: Entertainment/GLAR0037802F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Master Policy Declarations - Purchasing Group Liability Insurance	Approved	Yes
Form	Certificate of Insurance - Purchasing Group Liability Insurance	Approved	Yes
Form	Purchasing Group Insurance Endorsement	Approved	Yes
Form	Additional Conditions	Approved	Yes
Form	Damage to Premises Rented to You Limit (Any One Premises)	Approved	Yes
Form	Tenant Users Liability Insurance Protection	Approved	Yes
Form	Additional Insured - Venue	Approved	Yes
Form	Arkansas Amendatory - Cancellation, Nonrenewal and Conditional Renewal	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Master Policy Declarations - Purchasing Group Liability Insurance	PI-APG-001	01/07	Declaration New s/Schedule		0.00	PI-APG-001.PDF
Approved	Certificate of Insurance - Purchasing Group Liability Insurance	PI-APG-002	01/07	Certificate New		0.00	PI-APG-002.PDF
Approved	Purchasing Group Insurance Endorsement	PI-APG-003	01/07	Endorsement New nt/Amendment/Conditions		0.00	PI-APG-003.PDF
Approved	Additional Conditions	PI-APG-004	01/07	Endorsement New nt/Amendment/Conditions		0.00	PI-APG-004.PDF
Approved	Damage to Premises Rented to You Limit (Any One Premises)	PI-AM-02508/06		Endorsement New nt/Amendment/Conditions		0.00	PI-AM-025.PDF
Approved	Tenant Users Liability Insurance Protection	PI-TU-001	12/07	Endorsement New nt/Amendment/Conditions		0.00	PI-TU-001.PDF
Approved	Additional Insured - Venue	PI-TU-002	12/07	Endorsement New nt/Amendment/Conditions		0.00	PI-TU-002.PDF
Approved	Arkansas Amendatory - Cancellation,	PI-APG-AR-1	01/07	Other New		0.00	PI-APG-AR-1.PDF

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Nonrenewal and
Conditional
Renewal

MASTER POLICY DECLARATIONS- PURCHASING GROUP LIABILITY INSURANCE POLICY

This insurance is provided by:
(insurance company name)

Master Policy Number:

Producer Name:

Producer Address:

Producer Number:

As consideration of the payment of premium and subject to all the terms of this policy, we agree to provide the insurance as stated in the policy.

Item 1. Master Policy Holder: (INSERT NAME OF PURCHASING GROUP) on behalf of its insured members

Item 2. Mailing Address: (INSERT ADDRESS OF PURCHASING GROUP)

Item 3. Form of Business: PURCHASING GROUP

Item 4. Policy Period: From: _____ To: _____
12:01 AM Standard Time at the mailing address shown in **Item 2.**

Item 5. Coverages:

General Liability: See Commercial General Liability Coverage Form

Hired and Nonowned Auto See Hired and Non Owned Auto Liability Coverage Form, if applicable

Item 6. Limits of Insurance See individual Certificate of Insurance

Item 7. Endorsements Effective at Inception: (REFERENCE SCHEDULE OF FORMS AND ENDORSEMENTS)

Signed by: _____
Authorized Representative

Date

CERTIFICATE OF INSURANCE- PURCHASING GROUP LIABILITY INSURANCE POLICY

This insurance is provided by:
(insurance company name)

Master Policy Number:

Item 1: Named Certificate Holder

Master Policy Holder:

Item 2: Mailing Address

Producer Name:

Producer Address:

Producer Number:

Certificate Number:

As consideration of the payment of premium and subject to all terms of the master policy, we agree to provide the insurance as stated in this certificate.

Item 3: Named Certificate Holder Association (if applicable):

Item 4: Mailing Address:

Item 5: Form of Business: Please type in one of four categories: Individual, Partnership, Joint Venture, or Organization (other than Partnership or Joint Venture)

Item 6: Business Description:

Item 7: Location of all Premises you own, rent or occupy:

Loc #	Bldg #	Location Address
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Item 8: Policy Period: From: To:
12:01 A.M. Standard Time at the mailing address shown in **Item 2.**

Item 9: Forms and Endorsements: Forms and Endorsements attached to this certificate - See Schedule of Forms and Endorsements attached to the Master Policy. Copies are available upon request.

Item 10: Limits of Insurance: This policy provides for the Limits of Insurance below.

General Aggregate Limit:	\$	
(Other than Products Completed-Operations)		
Products-Completed Operations Aggregate Limit:	\$	
Personal and Advertising Injury Limit:	\$	
Each Occurrence Limit:	\$	
Damages to Premises Rented to You Limit:	\$	Any One Premises
Medical Expense Limit:	\$	Any One Person

Hired and Nonowned Auto Liability: Applies only if a limit is shown below.

Liability	\$
Uninsured Motorists Coverage (IL and LA)	\$
Underinsured Motorists Coverage (IL only)	\$

Stop Gap Liability: Applies only if a limit is shown below (OH, ND, WA, WV, WY).

Each Person	\$
Each Occurrence	\$
Bodily Injury by Disease Aggregate	\$

Item 11: Coverage and Premium:

Your policy consists of the following coverage when a premium is indicated. If a premium is not shown, there is no insurance coverage. This premium may be subject to adjustments.

COVERAGE PART(S)	PREMIUM FOR POLICY PERIOD
Commercial General Liability Coverage	\$
Hired and Nonowned Auto Liability Coverage, if applicable	\$
Stop Gap (OH, ND, WA, WV, WY), if applicable	\$
State Tax, Fees, Surcharges	\$
TOTAL CERTIFICATE PREMIUM including State Tax, Fees, Surcharges	\$

Countersigned

Date: _____ By: _____

THIS CERTIFICATE OF INSURANCE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND ENDORSEMENT(S) ATTACHED TO THE MASTER POLICY, COMPLETE THE ABOVE NUMBERED POLICY.

The following notice is provided pursuant to the Texas Insurance Code Article 21.54. The insurer may not be subject to all insurance laws and regulations of this state. The member benefits described are guaranteed through an insurance contract. The (INSERT NAME OF PURCHASING GROUP)'s insurance policy is underwritten by Philadelphia Indemnity Insurance Company and rated A+ X by the A.M. Best Co. in 2006.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

PURCHASING GROUP INSURANCE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERICAL GENERAL LIABILITY COVERAGE PART

The preamble of the policy is deleted and replaced by the following:

Various provisions of the policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Certificate Holder, the words "we," "us" and "our" refer to the company providing this insurance. The word "insured" refers to any person or organization qualifying as such under **SECTION II, WHO IS AN INSURED**.

The Master Policy, policy number, _____, governs the insurance provided to the Members of the (fill in Purchasing Group name). Subject to the Master Policy, insurance is provided to the Named Certificate Holder shown in **Item 1.** of the **Certificate of Insurance** which is attached to, and forms a part of, the Master Policy. The Master Policy provides no insurance separate or apart from the insurance provided by the Certificate of Insurance.

If authorized to act on the insurers behalf, the Master Policy Holder, shown in **Item 1.** of the **Master Policy Declarations** is responsible for the collection of premiums from the Named Certificate Holders and for the payment of all premium to us. They will also be the payee for any return premiums we pay, and will remit such return premium to the Named Certificate Holders.

A cancellation or non-renewal notice to the Master Policy Holder constitutes notice to all Named Certificate Holders if we elect to cancel or non-renew the entire Purchasing Group.

Throughout the policy, the phrase "policy period" refers to the period of time shown in **Item 8.** of the **Certificate of Insurance**. "Limits of Insurance" refers to the Limits of Insurance shown in **Item 10.** of the **Certificate of Insurance**. The Limits of Insurance provided by this insurance apply separately to each **Certificate of Insurance** attached to, and forming a part of, the Master Policy.

Other words and phrases that appear in quotation marks have special meaning. Refer to **Section V - DEFINITIONS**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL CONDITIONS

This endorsement modifies insurance provided under the:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to **Section IV – Commercial General Liability Conditions**:

1. Changes:

The Certificate of Insurance contains all the agreements between you and us concerning the insurance afforded. The first Named Certificate Holder shown in the Certificate of Insurance is authorized to make changes in the terms of the Certificate of Insurance with our consent. The Certificate of Insurance terms can be amended or waived only by endorsement issued by us and made a part of the Certificate of Insurance.

2. Transfer of Your Rights and Duties Under The Certificate of Insurance:

Your rights and duties under the Certificate of Insurance may not be transferred without our written consent except in the case of death of an individual Named Certificate Holder.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DAMAGE TO PREMISES RENTED TO YOU LIMIT (ANY ONE PREMISES)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is hereby understood and agreed that the Damage To Premises Rented to You Limit (Any One Premises), shown on the Commercial General Liability Coverage Part Declarations, is amended to read \$300,000 in lieu of \$100,000.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TENANT USERS LIABILITY INSURANCE PROTECTION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule of Tenant Users and/or Vendors:

Reported to and accepted by the Company, and for which a Certificate of Insurance has been issued and premium has been received.

This insurance applies to "bodily injury", "property damage" and "personal and advertising injury" arising out of the operations of the "tenant users" and/or "vendors" listed in the above **Schedule**.

A. SECTION II – WHO IS AN INSURED is amended to include as an insured the "tenant users" and/or "vendors" listed in the above **Schedule**.

B. SECTION III – LIMITS OF INSURANCE is amended to include the following:

The limits of insurance shown in the declarations will apply separately to each "tenant user" and/or "vendor" shown in the **Schedule** above.

Under no circumstances will the Aggregate Limit for any one "tenant user" and/or "vendor" be added and/or stacked to the Aggregate Limit available to another "tenant user" and/or "vendor."

C. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Item 4. Other Insurance is deleted and replaced with the following:

If other valid and collectible insurance is available to the insured for a loss we cover under this Coverage Part, our obligations are limited as follows:

This insurance shall be excess of any other valid and collectible insurance.

We will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

We will pay only our share of the amount of the loss, if any, that exceeds the sum of:

1. The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
2. The total of all deductible and self-insured amounts under all that other insurance.

D. Premium Transactions

It is hereby understood and agreed that all transactions involving premium will be billed to and paid by:

Name and Address of Venue Owner:

Additionally, the above named venue owner will be considered to be the First Named Insured with respect to:

1. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 5. Premium Audit;**
2. **COMMON POLICY CONDITIONS, Paragraph A. Cancellation;** and
3. **COMMON POLICY CONDITIONS, Paragraph E. Premiums.**

It is further understood and agreed that any amendments to this policy that result in a change of premium may be adjusted at audit.

E. Reporting Provisions

All events insured by this policy which occurred during the reporting period indicated below, must be reported to us no later than ____ days after the last day of the month in the reporting period as designated:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

Failure to report and/or remit the premium due will be considered non-payment of premium and will be subject to the cancellation provisions contained in this policy.

F. SECTION V – DEFINITIONS is amended to include the following:

1. "Tenant User(s)" shall mean the lessee of the facility or venue where the designated event is held.
2. "Vendor(s)" shall mean an exhibitor and/or concessionaire at a designated event.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - VENUE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name and Address of Venue Owner:

- A. SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the organization shown in the endorsement **SCHEDULE** but only with respect to “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in connection with that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

1. Any “occurrence” which takes place after you cease to be a “tenant user” and/or “vendor” at that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the organization(s) shown in the endorsement **SCHEDULE**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Arkansas Amendatory – Cancellation, Nonrenewal and Conditional Renewal

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Section IV- Commercial General Liability Conditions, Paragraph 9. When We Do Not Renew is deleted and replaced with the following:

1. CANCELLATION

- a. This policy may be canceled by the Named Certificate Holder by surrender of the policy to us or by mailing written notice to us stating when such cancellation shall take effect. If canceled by the Named Certificate Holder, we shall retain the customary short-rate proportion of the premium. In no event may the requested date of cancellation be greater than ten (10) days prior to the date the request is received by us.
- b. If this policy has been in effect sixty (60) days or less, we may cancel this policy for any reason by mailing written notice by certified mail to the Named Certificate Holder at the address shown in the Certificate of Insurance, and mailing to the producer of record, if any, at the address shown in the Certificate of Insurance. Such cancellation shall be no fewer than ten (10) days from the date the notice is mailed. Such notice shall state the reason for cancellation and shall be accompanied by a refund of unearned premium, except a premium that has been financed.
- c. If this policy has been in effect for more than sixty (60) days, we may cancel this policy for the following reasons:
 - (1) nonpayment of premium;
 - (2) fraud or material misrepresentation made by or with the knowledge of the Named Certificate Holder in obtaining the policy, continuing the policy, or in presenting a claim under the policy;
 - (3) a material change in the risk which substantially increases any hazard insured against after policy issuance;
 - (4) a violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against under the policy;
 - (5) nonpayment of membership dues in those cases where the bylaws, agreements, or other legal instruments of the company issuing the policy require payment as a condition of the issuance and maintenance of the policy; or
 - (6) a material violation of a material provision of the policy.

If we cancel subject to c (1) through c (6) above, we will mail by certified mail to the Named Certificate Holder, and mail to the producer of record, if any, at the address shown in the Certificate of Insurance.

Written notice of cancellation shall take effect:

- (a) ten (10) days from the date of mailing for the reason set forth in c(1); and
- (b) twenty (20) days from the date of mailing for the reasons set forth in c(2) through c(6)

Any written notice of cancellation subject to c.(1) through c.(6) will state the reason for such cancellation and will be accompanied by a refund of unearned premium, except a premium that has been financed.

- d. If notice is mailed, proof of mailing will be sufficient proof of notice.

- e. We shall refund the unearned premium computed at customary short rates if the policy is terminated by the Named Certificate Holder. Under any other circumstances the refund shall be computed pro rata.
- f. We must provide loss information to the Named Certificate Holder within thirty (30) days of the Named Certificate Holder's request and within fifteen (15) days after notice of cancellation is issued, including the following:
 - (1) any closed claims including the date and a description of the claim, amount of payment, if any;
 - (2) open claims including the date and description of the claim, amount of payment, if any and an estimate of reserves, if any; and
 - (3) information on notice of a claim or "suit", including the date and an estimate of reserve, if any.

2. NONRENEWAL

- a. If we elect not to renew this policy, we will mail by certified mail to the Named Certificate Holder, and mail to the producer of record, if any, written notice of nonrenewal. We will mail this notice to the address shown in the Certificate of Insurance at least sixty (60) days prior to the expiration of this policy.
- b. If notice is mailed, proof of mailing will be sufficient proof of notice.
- c. Policy may not be extended to meet notice requirement in a. above. If proper notice is not given, we must remain on the risk for an additional twelve (12) months at substantially the same policy rates, terms and conditions until the Named Certificate Holder has accepted replacement coverage with another company, or has agreed to nonrenew. Realistic rate adjustments for market conditions and changes in the risk is acceptable.
- d. The transfer of a policy between companies within the same insurance group or changes in Self Insured Retention, premium, Limits of Insurance or coverage are not refusals to renew.
- e. We must provide loss information to the Named Certificate Holder within thirty (30) days of the Named Certificate Holder's request and within fifteen (15) days after notice of nonrenewal is issued, including the following:
 - (1) any closed claims including the date and a description of the claim, amount of payment, if any;
 - (2) open claims including the date and description of the claim, amount of payment, if any and an estimate of reserves, if any; and
 - (3) information on notice of claim or "suit" including the date and an estimate of reserve, if any.

3. CONDITIONAL RENEWAL

- a. If we elect to renew this policy and the renewal is subject to an increase in premium of twenty five percent (25%) or more we will mail or deliver written notice of the change(s) to the Producer or record, if any and the Named Certificate Holder, at least thirty (30) days to the producer of record and ten (10) days to the Named Certificate Holder.
- b. If the Conditional Renewal notice is not timely given, we are required to extend the existing policy thirty (30) days from the date such notice is mailed or delivered. The premium for the policy as extended cannot be more than the pro-rata premium of the existing policy.

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Rate Information

Rate data does NOT apply to filing.

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TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Entertainment		
Project Name/Number:	Entertainment/GL AR0037802F01		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/02/2008
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

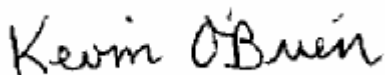
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Philadelphia Insurance Companies				Group NAIC #	0677
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

5. Company Tracking Number	GL AR0037802F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kevin W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst II	877-438-7459	866-282-7495	kobrien@phlyins.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Kevin W. O'Brien		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only	
10. Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]		
12. Company Program Title (Marketing Title)		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 1/1/09	Renewal: 1/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Reference Organization (if applicable)		
17. Reference Organization # & Title		
18. Company's Date of Filing	11/25/08	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0037802F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Philadelphia Indemnity Insurance Company plans to utilize the following Master Declarations Page, Certificate of Insurance and endorsements for the Special Markets Purchasing group, Inc.

The Master Declarations Page, Certificate of Insurance, endorsements will be available for risks that are members of our Special Markets Purchasing Group, Inc. and will be used in conjunction with currently approved Insurance Services Office forms and endorsements filed on our behalf. General Liability coverage will be provided to the tenant users of school facilities who will conduct special events, sports events, sports leagues and similar services. We intend to use our currently filed rating applicable under our Tenant Users Liability Insurance Protection filing for this coverage.

A copy of our independent Master Declarations Page, Certificate of Insurance, and endorsements are enclosed for your review. Also attached is a state amendatory.

- 1) Master Policy Declarations - Form # PI-APG-001 (01/07) is the master declarations issued to the Purchasing Group on behalf of its members.
- 2) Certificate of Insurance - Form # PI-APG-002 (01/07) is issued to the insured Named Certificate Holders who are members of the Purchasing Group shown on the Master Policy Declarations.
- 3) Purchasing Group Endorsement - Form # PI-APG-003 (01/07) modifies the preamble of the Commercial General Liability Coverage Form.
- 4) Additional Conditions Endorsement - Form # PI-APG-004 (01/07) provides additional conditions to the Commercial General Liability Coverage Form.
- 5) Damage to Premises Rented to You Limit (Any One Premises) - Form # PI-AM-025 (08/06) increases the limit for this coverage to \$300,000.
- 6) Tenant Users Liability Insurance Protection - Form # PI-TU-001 (12/07) is used to provide bodily injury, property damage, and personal and advertising injury coverage to specific tenant users and vendors listed in the endorsement schedule.
- 7) Additional Insured - Venue - Form # PI-TU-002 (12/07) affords additional insured status to the venue at which the tenant user and/or vendor is conducting the specified event(s).

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: n/a EFT Amount: </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GL AR0037802F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Master Policy Declarations - Purchasing Group Liability Insurance	PI-APG-001 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Certificate of Insurance - Purchasing Group Liability Insurance	PI-APG-002 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Purchasing Group Insurance Endorsement	PI-APG-003 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Additional Conditions	PI-APG-004 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Damage to Premises Rented to You Limit (Any One Premises)	PI-AM-025 08/06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Tenant Users Liability Insurance Protection	PI-TU-001 12/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Additional Insured - Venue	PI-TU-002 12/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Arkansas Amendatory - Cancellation, Nonrenewal and Conditional Renewal	PI-APG-AR-1 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		